

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

48 =62-027872  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 210 Primary Registration District No. Registrar's No.

FILED JUL 24 1962

V5500  
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Mercer</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Mercer</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Princeton,</b>		c. CITY OR TOWN <b>Princeton</b>	
Length of stay in 1b <b>10 Days</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Axtell Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>R.F.D. 4.</b>	
3. NAME OF DECEASED (Type or print) First <b>OWEN</b> Middle <b>HINER</b> Last <b>HINER</b>		4. DATE OF DEATH Month <b>June</b> Day <b>28,</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 10, 1881</b>
9. AGE (last birthday) <b>80</b>		IF UNDER 1 YEAR Months <b>9</b> Days <b>18</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Grain &amp; Stock</b>	
11. BIRTHPLACE (City and state or country) <b>Tracy, Iowa.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>	
13a. FATHER'S NAME <b>A.J. Hiner</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Ann Benscoter</b>	
14. NAME OF HUSBAND OR WIFE <b>Mrs. Rena Carter, Princeton, Mo.</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>no</b> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <b>[REDACTED]</b>		17. INFORMANT <b>Mrs. Rena Carter, Princeton, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Embolism</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Traumatic Injuries</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Car Accident</b> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Ran car into ditch causing injuries</b>	
20c. TIME OF INJURY <b>6-20-62</b> Hour <b>6</b> a.m. <b>20</b> p.m. <b>62</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>highway</b>		20f. CITY, TOWN, OR LOCATION <b>near Cainsville,</b>	
20g. COUNTY <b>Mo.</b>		20h. STATE <b>Mo.</b>	
21. I attended the deceased from <b>6-20-62</b> to <b>6-28-62</b> and last saw her alive on <b>6-28-62</b> Death occurred at <b>3:10 p.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Wanda L. Pearce, D.O.</b>		22b. ADDRESS <b>Princeton, Mo.</b>	
22c. DATE SIGNED <b>7-2-62</b>		22d. NAME OF CEMETERY OR CREMATORY <b>St. Paul Cemetery</b>	
22e. LOCATION (City, town, or county) <b>Princeton, Mo.</b>		22f. (RFD.) <b>(RFD.)</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>July 1, 1962</b>	
23c. FUNERAL DIRECTOR <b>Martin &amp; Azbell Funeral Home</b>		23d. ADDRESS <b>Princeton, Mo.</b>	
23e. DATE RECD. BY LOCAL REG. <b>7-2-62</b>		23f. REGISTRAR'S SIGNATURE <b>[Signature]</b>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

1 **06-50**  
2 **06-50**  
3  
4 **0**  
5 **0**  
6  
7 **1**  
8 **2**  
9 **X**  
10  
11  
12 **1-2**  
13 **1-0**

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~or by~~ \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Lyman Agbell

Licensed Embalmer No. 5020

P. O. Address Princeton, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.